U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES SMALL BUSINESS SUBCONTRACTING PLAN

Operating	Division (OPDIV):				_
DATE OF PLAN:					
ADDRESS:					
DUNN & BRADSTREET	NUMBER:				
SOLICITATION OR COM	NTRACT NUMBER:				
ITEM/SERVICE (Descri	otion):				
TOTAL CONTRACT AM	OUNT: \$ Total Cost of Contrac			e Period Cost	
\$	\$	\$		\$	
Option #1 (if applicable)	Option #2 (if applicable)		Option #3 (if applicable)		ption #4 applicable)
PERIOD OF CONTRAC	T PERFORMANCE (Month, Da	ıy & Yea	ır):		
TOTAL MODIFICATION	AMOUNT, IF APPLICABLE	\$			
TOTAL TASK ORDER A	MOUNT. IF APPLICABLE \$				

OPDIV:Solicitation/Contract No.:
The following outline meets the minimum requirements of section 8(d) of the Small Business Act, as amende and implemented by Federal Acquisition Regulations (FAR) Subpart 19.7. While this outline has been designed to be consistent with statutory and regulatory requirements, other formats of a subcontracting plan may be acceptable. It is not intended to replace any existing corporate/commercial plan that is more extensive.
Failure to include the essential information of FAR Subpart 19.7 may be cause for either a delay in acceptant or the rejection of a bid or offer when a subcontracting plan is required. "SUBCONTRACT," as used in this clause, means any agreement (other than one involving an employer-employee relationship) entered into by Federal Government prime contractor or subcontractor requesting supplies or services required for performance of the contract or subcontract.
If assistance is needed to locate small business sources, contact the OPDIV Small Business Specialist (SBS) at (), the Office of Small and Disadvantage Business Utilization (OSDBU) at (202) 690-7300, or visit the OSDBU website (http://www.hts.gov/osdbu/staff.html). Also, source may be obtained through the Central Contractor Registration (http://www.ccr.gov/) website.
Please note that the U.S. Department of Health and Human Services (HHS) has subcontracting goals of% for small business (SB),% for small disadvantaged business (SDB),% for women-owned business (WOSB),% for HubZone business (HUBZone) andservice disabled veteran-owned small business (SDVOSB) concerns for fiscal year For this procurement, HHS expects all proposed subcontracting plans to contain the following small business goals, a minimum,% for total SB,% for SDB,% for WOSB,% for HubZone and% for SDVOSB concerns. These percentages shall be expressed as percentages of the total estimated subcontracting dollars. The offeror is required to include an explanation for a category that has zero as a goal.
1. Type of Plan (check one)
 Individual plan (all elements developed specifically for this contract and applicable for the full term of this contract). Master plan (goals developed for this contract) all other elements standardized and approved by a lead agency Federal Official; must be renewed every three years and contractor must provide copy of lead agency approval. Commercial products/service plan (goals are negotiated with the initial agency on a compar wide basis rather than for individual contracts) this plan applies to the entire production of commercial service or items or a portion thereof. The contractor sells commercial products and services customar used for non-government purposes. The plan is effective during the offeror's fiscal year. The contractor must provide a copy of the initial agency approval and must enter an annual SSR into the electronic Subcontracting Reporting System (eSRS) with a breakout of subcontracting prorated for Hi and other Federal agencies.

2. Goals

State separate dollar and percentage goals for Small Business (SB), Small Disadvantaged Business (SDB), Woman-owned Small Business (WOSB), Historically Underutilized Business Zone (HUBZone) Small Business, Service-Disabled Veteran-owned Small Business (SDVOSB) and "Other than small business" (Other) as subcontractors, for the base year and each option year, as specified in FAR 19.704 (break out and append option year goals, if the contract contains option years) or project annual subcontracting base and goals under commercial plans.

OPDIV:	Solicitation/Contrac	t No.:			
a.	Total estimated dollar value o		ontracting, i.e., with A	LL types of concerns (under this contract is
	FY1 st Option	FY2 nd Option	FY3 rd Option	FY4 th Option	
	\$	\$	\$	\$	
b.	Total estimated dollar value a WOSB, HUBz and SDVOSB				
	FY1 st Option	FY2 nd Option	FY3 rd Option	FY4 th Option	
	\$	\$	\$	\$	
C.	Total estimated dollar value a BUSINESSES: (% of "a") \$				TAGED
	FY1 st Option	FY2 nd Option	FY3 rd Option	FY4 th Option	
	\$	\$	\$	\$	
d.	Total estimated dollar value a BUSINESSES: (% of "a") \$		and	% (Base Year)	MALL
	·	·	FY3 rd Option	•	
	\$	\$	\$	\$	
e.	Total estimated dollar and per (% of "a") \$				ESSES:
	FY1 st Option	FY2 nd Option	FY3 rd Option	FY4 th Option	
	\$	\$	\$	\$	
f.	Total estimated dollar and pe SMALL BUSINESSES: (% o				
	FY1 st Option	FY2 nd Option	FY3 rd Option	FY4 th Option	
	\$	\$	\$	\$	
g.	Total estimated dollar and pe				JSINESSES"
	(% of "a") \$	and	% (Base Yea	ır)	

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

\$_____\$ \$____\$

	 SDB, WOSB, HUBZone and in multiple categories, as app If any contract has more four percentages. Provide a description of ALL the products the size and type of business supplying the size and type of business supplying the size and type of size and type o	oropriate. options, ple and/or serv	ase attach a	dditional sh	eets showir	ig dollar am	ounts and
	Products and/or Services	Other	Small Business	SDB	WOSB	Hubz	SDVOSB
1							
2							
3							
4							
5							
6							
7							
3							
9							
0							
i.	Provide a description of the method used SDVOSB concerns. Address efforts mad been made available for those concerns a purposes. Explain the method and state Also, explain how the areas to be subcondetermined, how the capabilities of these comports with the cost proposal. Identify (Attach additional sheets, if necessary.)	e to ensure and explain the quantita tracted to S concerns w	that maximu the method utive basis (in B, WOSB, HI ere consider	m practicab used to iden dollars) use UBZone and ed contract	le subcontra tify potentia ed to establi d SDVOSB opportunitie	acting opports of the concerns was and how	ortunities have or solicitation centage goals. vere such data

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j.	Indirect costs have have not been included in the dollar and percentage subcontracting goals above (check one).
k.	If indirect costs have been included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to SB, SDB, WOSB, HUBZone and SDVOSB concerns:
	<u></u>
3. Pro	gram Administrator:
	NAME/TITLE:
	ADDRESS:
	TELEPHONE:E-MAIL:
i.e., dev of those perform submit	Does the individual named above have general overall responsibility for the company's subcontracting program, veloping, preparing, and executing subcontracting plans and monitoring performance relative to the requirements e subcontracting plans and perform the following duties? (If NO is checked, please identify who in the company is those duties, or indicate why the duties are not performed in your company on a separate sheet of paper and with the proposed subcontracting plan.) Developing and promoting company-wide policy initiatives that demonstrate the company's support for awarding contracts and subcontracts to SB, SDB, WOSB, HUBZone and SDVOSB concerns; and for assuring that these concerns are included on the source lists for solicitations for products and services they are capable of providingyes no
b.	Developing and maintaining bidder source lists of SB, SDB, WOSB, HUBZone and SDVOSB concerns from all possible sources; yes no
C.	Ensuring periodic rotation of potential subcontractors on bidder's lists; yes no
d.	Assuring that SB, SDB, WOSB, HUBZONE and SDVOSB businesses are included on the bidders' list for every subcontract solicitation for products and services that they are capable of providing yes no
e.	Ensuring that requests for proposals (RFPs) are designed to permit the maximum practicable participation of SB, SDB, WOSB, HUBZone and SDVOSB concerns yes no
f.	Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, 8(a), SDB, WOSB, Hubz and SDVOSB small business participation yes no
g.	Accessing various sources for the identification of SB, SDB, WOSB, HUBZone and SDVOSB concerns to include the Central Contractor Registration (http://www.ccr.gov/), local small business and minority associations, local chambers of commerce and Federal agencies' Small Business Offices; yes no
h.	Establishing and maintaining contract and subcontract award records; yes no

	i.		nting in Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, ment Conferences, etc; yes no
	j.		that SB, SDB, WOSB, HUBZone and SDVOSB concerns are made aware of subcontracting nities and assisting concerns in preparing responsive bids to the company; yes no
	k.	Conduct Section 8	ing or arranging for the conduct of training for purchasing personnel regarding the intent and impact of 8(d) of the Small Business Act, as amended; yes no
	l.		ng the company's subcontracting program performance and making any adjustments necessary to the subcontract plan goals; yes no
	m.	Preparin	g and submitting timely, required subcontract reports; yes no
	n.		ing or arranging training for purchasing personnel regarding the intent and impact of 8(d) of the Small s Act on purchasing procedures; yes no
	0.		ating the company's activities during the conduct of compliance reviews by Federal agencies; and res no
	p.	Other du	ities:
4.	Equ	iitable Op	pportunity
			the offeror will undertake to ensure that SB, SDB, WOSB, HUBZone and SDVOSB concerns will have an unity to compete for subcontracts. These efforts include, but are not limited to, the following activities:
	a.	Outreach	n efforts to obtain sources:
		;	Contact minority and small business trade associations; 2) contact business development organizations and local chambers of commerce; 3) attend SB, SDB, WOSB, HUBZone and SDVOSB procurement conferences and trade fairs; 4) review sources from the Central Contractor Registration (http://www.ccr.gov/); 5) review sources from the Small Business Administration (SBA), Central Contractor Registration (CCR); 6) Consider using other sources such as the National Institutes of Health (NIH) e-Portals in Commerce, (e-PIC), (http://epic.od.nih.gov/). The NIH e-PIC is not a mandatory source however, it may be used at the offeror's discretion; and 7) Utilize newspaper and magazine ads to encourage new sources.
	b.	Internal e	efforts to guide and encourage purchasing personnel:
		1.	Conduct workshops, seminars and training programs;
			Establish, maintain, and utilize SB, SDB, WOSB, HUBZone and SDVOSB source lists, guides, and other data for soliciting subcontractors; and
		3.	Monitor activities to evaluate compliance with the subcontracting plan.
		Addition	al efforts:

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5. Flow Down Clause

The contractor agrees to include the provisions under FAR 52.219-8, "Utilization of Small Business Concerns," in all acquisitions exceeding the simplified acquisition threshold that offers further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of \$550,000 (\$1,000,000 for construction) must adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan." *Note:* In accordance with FAR 52.212-5(e) and 52.244-6(c) the contractor is not required to include flow-down clause FAR 52.219-9 if it is subcontracting commercial items.

6. Reporting and Cooperation

The contractor gives assurance of (1) cooperation in any studies or surveys that may be required; (2) submission of periodic reports which show compliance with the subcontracting plan; (3) submission of its Individual Subcontracting Report (ISR) and Summary Subcontract Report (SSR); and (4) ensuring that subcontractors agree to submit ISRs and SSRs. The ISR and SSR shall be submitted via the Electronic Subcontracting Reporting System (eSRS) website https://esrs.symplicity.com/index?_tab=signin&cck=1

Reporting Period	Report Due	Due Date
Oct 1 - Mar 31	ISR	4/30
Apr 1 - Sept 30	ISR	10/30
Oct 1 - Sept 30	SSR	10/30
Contract Completion	OF 312	30 days after completion

See FAR 19.7 for instruction concerning the submission of a Commercial Plan: SSR is due on 10/30 each year for the previous fiscal year ending 9/30.

- a. Submit ISR (bi-annually) for the cognizant awarding Contracting Officer's review and acceptance via the eSRS website https://esrs.symplicity.com/index?_tab=signin&cck=1.
- b. Currently, SSR (annually) must be submitted for the HHS eSRS Agency Coordinator review and acceptance via the eSRS website https://esrs.symplicity.com/index?_tab=signin&cck=1. (*Note*: Log onto the OSDBU website to view the HHS Agency Coordinator contact information (https://www.hhs.gov/osdbu/staff.html).
- c. Contractors that do not use the eSRS to submit its reports must also submit a paper copy of the SSR to the appropriate Commercial Market Representative (contact the contracting official (CO) or the CO's eSRS Point of Contact).

7. Record keeping

FAR 19.704(a) (11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. The following is a recitation of the types of records the contractor will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records will include, but not be limited to, the following:

- a. SB, SDB, WOSB, HUBZone and SDVOSB source lists, guides and other data identifying such vendors;
- b. Organizations contacted in an attempt to locate SB, SDB, WOSB, HUBZone and SDVOSB sources;

(c. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000, which indicate for each solicitation (1) whether SB, SDB, WOSB, HUBZone and/or SDVOSB concerns were solicited, if not, v not and the reasons solicited concerns did not receive subcontract awards;
C	d. Records to support other outreach efforts, e.g., contacts with minority and small business trade association attendance at small and minority business procurement conferences and trade fairs;
6	e. Records to support internal guidance and encouragement provided to buyers through (1) workshops, seminars, training programs, incentive awards; and (2) monitoring performance to evaluate compliance with the program and requirements; and
f	On a contract-by-contract basis, records to support subcontract award data including the name, address, a business type and size of each subcontractor. (This item is not required on a <i>contract – by – contract basis</i> for company or division-wide commercial plans.)
Ç	. Other records to support your compliance with the subcontracting plan: (Please describe)
8. Time	y Payments to Subcontractors
pursuant	702 requires your company to establish and use procedures to ensure the timely payment of amounts due to the terms of your subcontracts with small business concerns, 8(a), SDB, women-owned small business, and service disabled veteran-owned small business concerns.
Your con	npany has established and used such procedures: yes no
9. Desc	ription of Good Faith Effort
veteran of economic objective contract and SDV	n practicable utilization of small, 8(a), small disadvantaged, woman-owned, HubZone small and service disable owned concerns as subcontractors in Government contracts is a matter of national interest with both social and be benefits. When a contractor fails to make a good faith effort to comply with a subcontracting plan, the es are not achieved, and 15 U.S.C. 637(d) (4) (F) directs that liquidated damages shall be paid by the or. In order to demonstrate your compliance with a good faith effort to achieve the small, SDB, WOSB, HubZo OSB small business subcontracting goals, outline the steps your company plans to take. These steps will be ed with the contracting official prior to approval of the plan.

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SIGNATURE PAGE

	OIGNATURE FACE
Signatures Requ	ired:
This subcontrac	cting plan was submitted by:
Signature:	
Typed Name:	
Title:	
Date:	
This plan was re	eviewed by:
Signature:	
Typed Name:	
Title:	Contracting Officer
Date:	
This plan was re	eviewed by:
Signature:	
Typed Name:	
Title:	Small Business Specialist (SBS)
Date:	
This plan was re	eviewed by:
Signature:	
Typed Name:	
Title:	Small Business Administration Procurement Center Representative (PCR)
Date:	
Is Accepted By:	
OPDIV:	
Typed Name:	
Title:	
Date:	